

IN THE MAGISTRATE COURT OF WALTON COUNTY, STATE OF GEORGIA

**REQUEST FOR TRANSCRIPTION**  
**CIVIL CASE**

1. Fill out the form completely. An incomplete form will result in the denial of your request.
2. A service fee (duplicate copy of CD) of **\$5.00** is due upon filing this request with the Magistrate Court.
3. Delivery of this request can be made by one of the following:
  - a) In person to the Magistrate Court of Walton County (address is listed below)
  - b) Mail the completed form to the Magistrate Court of Walton County **accompanied by the \$5.00 service fee made payable to the Magistrate Court of Walton County. Only money orders or cashier's checks. NO PERSONAL OR COMPANY CHECKS WILL BE ACCEPTED. The amount should be exactly \$5.00.**
4. Once the request is received by the Magistrate Court, the CD containing the requested information will be forwarded to the transcriber for transcription within two (2) business days of receipt of the request. The transcriber will contact the person who requested the transcription by the billing information provided in this form. Payment of transcription, date of completion, and other logistics will be a matter for these two parties to resolve. The Magistrate Court is only responsible for forwarding the CD to the transcriber.
5. You MUST fill out the billing information in order to receive the transcription.

**REQUESTING PERSON(S) INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Numbers (Work, Home, Cell Phone #)

Requesting person's relationship to this proceeding: ☐ Plaintiff ☐ Defendant ☐ District Attorney's Office  
☐ Attorney (name party represented) \_\_\_\_\_  
☐ Other \_\_\_\_\_

**CIVIL CASE INFORMATION**

1. Civil Case Type: \_\_\_\_\_ Civil Case#: \_\_\_\_\_
2. Date of civil proceeding: \_\_\_\_/\_\_\_\_/20\_\_\_\_.
3. Name of Defendant: \_\_\_\_\_
4. Any other information: \_\_\_\_\_

I understand the requirements for requesting the above listed information and that I will be billed directly by the transcriptionist.

\_\_\_\_\_  
Signature of person requesting transcript

\_\_\_\_\_  
Date of request

My \$5.00 fee is included in this request by the following method: ☐ Money Order ☐ Cashier check

**WALTON COUNTY MAGISTRATE COURT  
303 SOUTH HAMMOND DRIVE, SUITE 116  
MONROE, GEORGIA 30655  
770-267-1349**